


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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|--|------------------------------|---|--|--|-------------|----------------|
| DOCUMENT # A95000001492 | | | |  | | |
| 1. Entity Name THIRTY-NINTH AVENUE LIMITED PARTNERSHIP | | | | | | |
| Principal Place of Business 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606 | | Mailing Address 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3339227 <table border="1" style="float: right; margin-left: 10px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table> | Applied For | Not Applicable |
| Applied For | | | | | | |
| Not Applicable | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required 04102006 Chg-LP CR2E003 (11/05) | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| SONTAG, SANDRA H 3700 N.W. 91ST STREET, A-100 GAINESVILLE, FL 32606 | | | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | | | |
| | | | FL | | Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| SIGNATURE _____ | | 11080000538375 05/09/06-80054-020 500.00 <small>DATE</small> | | | | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | | |
| DOCUMENT # | P95000074667 | | STREET ADDRESS | | | |
| NAME | THIRTY-NINTH AVENUE, INC. | | CITY-ST-ZIP | | | |
| STREET ADDRESS | 3700 N.W. 91ST STREET, A-100 | | | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 | | | | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | | |
| SIGNATURE: <u><i>Carol Ann DSCB+Harfler</i></u> | | Date: <u>4-10-06</u> | | Daytime Phone #: <u>352-376-3336</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | | |



STAPLE CHECK HERE